

My name is Ashley Soni and I am a registered nurse working on a critical care cardiac unit in Boulder. I am in support of SCR13-002. I have been nursing in critical care for 7 years and have decided to continue my education and become a family nurse practitioner. I see many inequalities in health care everyday and I think we need dramatic changes to the culture of our health care system.

Regularly a patient will arrive to our floor and several nurses will greet them by name because they are what we call "frequent flyers". Everyday I admit and readmit patients due disease exacerbations because people can't afford or manage their medications. Patients with heart failure can take anywhere from 3-26 medications on a daily basis. Remembering to take them everyday is one thing, but some people cut pills in half or take them every other day to stretch them longer, yet these medications are an attempt to finely tune a fragile disease process.

The cost of medication or what insurance will cover sometimes forces providers to prescribe less than optimal medications hoping to encourage compliance. On a fixed income many people choose to pay rent, buy food, or other financial necessities before their medications. The Colorado health care cooperative would put health as first priority so people don't have to choose between daily financial stressors and allow providers to prescribe medications that are evidence based.

The cost of health care has become too expensive for many. One of the nurses on my unit makes follow up calls to all of our patients and she commented that they often complain about the cost of their hospital visit. Patients are reluctant to take the medications we provide because they are afraid they are going to be billed extra for them, therefore making it difficult to stabilize their disease.

Discharge education is another problem I see as a nurse. The hospital stay is exhausting and our attempt at education is diluted with the eagerness to leave. It is essential that cardiac patients follow up with primary care providers and cardiologist post hospital discharge, but patients frequently refuse to add another office visit to the already expensive medical bill. The Colorado Health Care Cooperative shifts our focus from acute care and gives importance to primary care and prevention. It allows providers and patients to follow up more frequently and make a plan to stay healthy. This is important to note because studies demonstrate that frequent primary care visits are effective in preventing ER and Urgent care visits that are costly to the health care system.

I believe the Colorado Health Care Cooperative would be positive for the state of Colorado because it incentivizes providers to keep people healthy. With the cooperative a provider would no longer need to run tests, do procedures, or order medication to justify a visit and get reimbursement. It values that a health visit may only be education, counseling, critical thinking and compassion.